Browne. (B. B.)

THE CURETTE

AS A

DIAGNOSTIC AND THERAPEUTIC AGENT

IN

GYNECOLOGY AND OBSTETRICS.

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Diseases of Women in the Woman's Medical College of Baltimore, etc,

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REPORT OF THE SECTION ON OBSTETRICS AND GYNECOLOGY.

THE CURETTE AS A DIAGNOSTIC AND THERAPEUTIC AGENT IN GYNECOLOGY AND OBSTETRICS.

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Professor of Diseases of Women in the Woman's Medical College of Baltimore, etc.

The members of this Section, in deviating from the well-trodden path of making a full report of the progress in obstetrics and gynecology during the past year, do it not because sufficient material for such report is wanting, for the advances in abdominal surgery alone would be ample to occupy all the time allotted to this Section.

The Section will report as follows:

1. "The Curette as a Diagnostic and Therapeutic Agent in Gynecology and Obstetrics," by the Chairman.

2. "A Temporary Clamp, for Use in Ovariotomy, Oöphorectomy and Tait's Operation," by Dr. Robert T. Wilson.

3. "Puerperal Eclampsia," by Dr. G. W. Miltenberger.

4. "A Case of Labor complicated with Fibroid," by Dr. D. W. Cathell.

Believing that the curette has not yet reached the full measure of its usefulness, I offer no other excuse for making it the subject of my portion of this report.

As is well known, Recamier used his sharp curette with great success during the early part of the present century, but he did not call the attention of the profession to it until 1850. His pupil, Robert, however had announced some of Recamier's views and results as early as 1846. Recamier found that the cauterization of the uterine cavity for the destruction of fungoid growths

and small polypi was ineffectual, and that scraping the cavity with the sharp curette gave much better results. For a time these operations were very successful in the hands of Recamier and his followers, but later on grave complications—peritonitis, phlebitis and septicemia frequently occurred—and the operation met with such decided opposition that it was altogether abandoned. Of late years, however, the dangerous, sharp curette of Recamier has been replaced by different forms of the dull curette, most of which are modifications of Thomas' dull wire curette, which was introduced about 1870. Previous to that, however, the sharp steel curette of Sims had been used to a certain extent within the cavity of the uterus, but its chief field of usefulness at present is for the removal of glandular diseases of the cervical canal, and for this purpose there is no instrument superior to it.

As a diagnostic agent in ascertaining the desired condition of the uterine cavity, in the various chronic diseases of this organ, the dull wire curette has a vast field of usefulness. Its introduction is attended by a little more difficulty than the Simpson's sound. A slight amount of dilation with a dilator is necessary in order to allow its easy passage and prevent injury to the cervical tissues; by gently passing the curette over the interior of the cavity of the uterus, a very perfect knowledge of its size and condition may be obtained. The roughness or smoothness of its surface at particular parts would indicate respectively the locality of its diseased or healthy portion; also the scraping off and removal of a small portion of the diseased structure, would give a positive knowledge of the character of the disease.

In menorrhagia, metrorrhagia, leucorrhœa and subinvolution, the symptoms which indicate the use of the curette are so pronounced that its diagnostic and therapeutic use are simultaneous. In these cases a more complete dilation, under the influence of an anæsthetic, should precede the introduction of the curette. The dilatation insures free drainage, besides, it relaxes the constriction which generally exists at the internal os, even where the external os is perfectly putulous. This constriction, which exists in nearly all cases of chronic hyperplasia of the uterus, appears to keep up a passive congestion of the organ, by interfering with the normal circulation through the vessels at the vaginal juncture. By dilatation, the circular fibres of the cervix are also relaxed, and a process of involution afterward goes on in the uterus.

Antiseptic precautions should always be observed in using the curette, and if any pain should occur, a suppository of opium or other anodyne should be used.

Contra-indications to the use of the curette, are cellulitis, pain and tenderness over the uterus, or pelvic inflammation.

The whole surface of the uterus should be gently scraped over, and all endometrial growths removed, and any roughened or uneven surface should be smoothed off. Formerly, I always used an application of Churchill's tincture of iodine to the cavity after using the curette, but now I make no intra-uterine application, but allow drainage, and apply an absorbent antiseptic pad to the vulva. Endometrial growths* are always confined to the cavity of the uterus proper, stopping at the os internum, below which commences the region of enlarged nabothian follicles and mucus polypi in the cervix. The difference consists in the large masses of dilated glands found in the last named affection, which are absent in the former.

Polypi of the uterus are distinguished from the fact, that they are generally confined to a small part of the endometrium; while the chronic hyperplastic endometritis extends over a large surface.

In nearly all cases of chronic inflammation and hypertrophy of the nabothian follicles, or utricular glands of the cervix (of which according to Tyler Smith, there are at least 10,000 in the cervical canal alone), a thick tenacious plug of mucus hangs from the cervix which it is often difficult to remove.

In these cases, where the secretion is albuminous and persistent, and remains unchanged in spite of the use of all the stronger caustics, the Sims' curette, with sharp cutting edge, will effectually remove the hypertrophied glands down to healthy tissue, and will generally effect a permanent cure; for this purpose it is often necessary to dilate the cervix with tents before the curette is used.

In nearly all cases of supposed return of the menses occurring after the menopause and continuing for years, a pathological condition of the uterus exists, and, what has been related as a wonderful prolongation of a physiological process, is in fact a diseased condition of the endometrium, which is readily removed by the curette.

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* "On the Use of the Curette as a Therapeutic Agent in Gynecological Practice." —The Obstetric Gazette, Vol. V, page 452.

There is a class of cases we meet with, giving a previous history of abortion which may have occurred several years before; these cases present all the symptoms of chronic uterine disease, such as menorrhagia, leucorrhœa, back-ache, etc., they are generally improved by any intelligent plan of treatment; tonics benefit them for a while, and local treatment, such as vaginal douches, applications of iodine, etc., improve them very much, but they soon relapse and are as bad as before; this condition is frequently, I believe, a remote result of partial retention of the placenta. In these cases, if the dull wire curette be used, it will be found that the former placental site is studded over with numerous little cysts, from the size of a shot to that of a pea, which, when removed by the curette, will float upon water and have the appearance of small air bubbles.

In laceration of the cervix with profuse leucorrhœa, the use of the curette is attended by more benefit than intra-uterine applications, as a preparatory treatment previous to the operation for restoring the cervix.

For removing the placenta after an abortion, the finger is the most efficient curette; we may render the uterine cavity completely accessible to the exploring finger by the bi-manual method, but still better by seizing the anterior lip with the double tenaculum-forceps; one of the blades grasps the vaginal aspect of the front wall of the cervix as high up as the roof of the vagina, the other at a corresponding level within the cervical canal. The uterus is capable of being pulled considerably down without any injury to its ligaments or laceration. It may be pulled down with the right hand and kept fixed with it, while one or more fingers of the left pass into the cavity and explore and evacuate it. The cavity of the uterus is thus brought within full reach of the fingers, and we can in all those cases of imperfect delivery in the early months control the emptying of the cavity from fundus to os. The manipulations necessary to secure a satisfactory result cause some suffering, though not to a great degree, which we can always save the patient by bringing her under the influence of an anæsthetic.

THE FINGERS OR HAND AS A CURETTE AFTER LABOR.

We are told by many of the obstetrical works that meddlesome midwifery is a dangerous thing, that we should leave everything to nature, that any handling or manipulation about the uterus at

this time should be avoided. But, when secondary hemorrhage comes on, or peritonitis, or septicemia or mammary abscess occur, or any of the diseases to which the puerperal woman is liable, the thought at once presents itself, "could it be possible that any portion of the placenta or any clots were left behind in the uterus to cause this trouble?" If we can answer this question in the negative with truthful assurance, we are at once relieved of a weight of anxiety, perplexity and doubt.

Examining the placenta after its delivery can give us no truthful or reliable information, on the contrary, it is calculated to lead one into error, for there may be a placenta succenturiata and one lobe of it left behind in the uterus. Such an accidental or supernumary placenta may very easily remain attached after the main body, which is complete in itself, has been removed, or a large portion of one may be left behind, and the most careful examination of what has been removed may fail to inform us whether or not any still remains.

But if the placenta has been expelled by Crede's method, and while one hand still grasps the contracting organ, two fingers of the other hand, used as a curette, are introduced into the uterus, and while compression is still continued externally, the interior of the cavity is explored and every clot removed, we find by this means that much firmer contractions are secured, hemorrhage is not likely to occur as it is, even when a few clots remain; the lochial discharge ceases much sooner, and involution of the uterus goes on more rapidly. Erosions and ulcerations of the cervix are not liable to occur, as there is no fœtid and decomposing lochial discharge to bathe these parts; if there is a laceration of the cervix or partial laceration of the perineum, they will generally heal without trouble, and subinvolution of the vagina, one of the most frequent causes of prolapsus, is not liable to occur.

Dr. Fordyce Barker, in his well known work on the "Puerperal Diseases," makes the following statement: "It is far from the truth to say that partial retention of the placenta always arises from the neglect or ignorance of the medical attendant, for this casualty has occurred in the hands of some of the ablest and most eminent obstetricians, who have reported numerous fatal cases of hemorrhage from this cause. But I cannot impress upon you too strongly, in all cases where the artificial removal of the placenta is required, to exercise the greatest care to remove the whole of it,

if this can be accomplished. In some cases of very close and intimate morbid adhesions it may not be possible to accomplish this. But this I will say in unqualified terms, that every physician should know whether or not he has left a portion of the placenta behind, and he is justly censurable when he is ignorant on this point."

If we carefully analyze all the cases of peritonitis, septicemia and hemorrhage occurring after labor, we will find a large majority of them caused by fragments of placenta and blood clots remaining in the uterus. The antiseptic fingers or even hand cannot cause any injurious effect.

Dr. H. P. C. Wilson has related a very interesting case of post-partum hemorrhage, in which after the failure of all the usual means for its arrest, he introduced his hand into the cavity of the uterus, and raked thoroughly the placental site with the finger nails—this produced a prompt arrest of the hemorrhage.

In conclusion I would state—

1. That the curette is an important diagnostic agent in all obscure affections of the uterus.

2. That its use is less painful and less likely to set up cellulitis than the ordinary caustic and alterative applications.

3. That it is more efficient for the removal of endometrical growth than any other agent.

4. That after abortions its proper use will prevent hemorrhage and septicemia.

5. That after labor the antiseptic fingers or hand, used as a curette for the complete evacuation of the uterus, will lessen the dangers attending the puerperal women, will prevent fœtid lochial discharges and hasten the period of involution.